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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL				
OMB Number:					
Expires:					
Estimated average b	ourden hours per				
response: 1					
SEC USE	ONLY				
Prefix	Serial				
DATE RE	CEIVED				

Name of Offering (check if this is an amendment and name has changed, and indicate	change.)
2007 Private Placement	
Filing Under (Check box(es) that apply): □Rule 504 □Rule 505 ☑Rule	506 □Section 4(6) □ULOE
Type of Filing: ☑New Filing ☐Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate ch	ange.) 07084155
Apollo Diamond, Inc.	·
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
260 Eliot Street, Ashland MA 01721	508-881-4848
	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	PROCESSI
Development and production of diamonds and diamond materials in a controlled proces	reactor environment.
Type of Business Organization	160): NOV 2 3 2007
☑ corporation ☐ limited partnership, already formed ☐ other, (please spec	ify):
☐ Business trust ☐ limited partnership, to be formed	THOMSON
Actual or Estimated Date of Incorporation or Organization: Month Y	ear FINANCIAI
	4 ⊠Actual □Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbr	eviation for State: D E
CN for Canada; FN for other foreign juri	sdiction)
GENERAL INSTRUCTIONS	
Federal:	
Who Must File: All issuers making an offering of securities in reliance on an exemptio	n under Regulation D or Section 4(6), 17 CFR
The state of the s	

230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

FORM D

260 Eliot Street, Ashland MA 01721

Full Name (Last name first, if individual)

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers: and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive □ Director ☐ General and/or Managing Partner Officer Full Name (Last name first, if individual) Linares, Bryant R. Business or Residence Address (Number and Street, City, State, Zip Code) 260 Eliot Street, Ashland MA 01721 Director
 ■ ☐ General and/or ■ Beneficial Owner **区** Executive Check Box(es) that Apply: ☐ Promoter Officer Managing Partner Full Name (Last name first, if individual) Linares, Robert C. Business or Residence Address (Number and Street, City, State, Zip Code) 260 Eliot Street, Ashland MA 01721 ☐ General and/or Check Box(e3) that Apply: ☐ Promoter ☐ Beneficial Owner **⊠** Executive ☑ Director Officer Managing Partner Full Name (Last name first, if individual) Doering, Patrick J. Business or Residence Address (Number and Street, City, State, Zip Code) 48 Appleyard Lane, Holliston, MA 01746 ☐ Beneficial Owner Executive □ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Officer Full Name (Last name first, if individual) Adams, Edward S. Business or Residence Address (Number and Street, City, State, Zip Code) 701 Xenia Avenue South, Suite 130, Minneapolis, MN 55416 ☑ Beneficial Owner ☐ General and/or Check Box(es) that Apply: □ Promoter ☐ Executive ☐ Director Officer Managing Partner Full Name (Last name first, if individual) Linares, Martha Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 336, Sherborn, MA 01770 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner Officer Full Name (Last name first, if individual) Ludi, Hans Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

□ Executive

Officer

□ Beneficial Owner

□ Director

☐ General and/or

Managing Partner

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				_
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)	- ·	<u>-</u>		-
Business or Residence Addr	ess (Number and	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)			- '' '	
Business or Residence Addr	ess (Number and	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Adda	ess (Number an	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	ress (Number an	d Street, City, State, Zip	Code)	,,,,,	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	ress (Number an	d Street, City, State, Zip	Code)		

					B. INFO	RMATIC	N ABOU	T OFFE	RING				
										_		Yes	No
1.	,									X			
2.	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?									\$ 3	75,000*		
۷.				w investor		cepied no	in any mu	ividuai:				Yes	No.
3.					-	ngle unit?.	*************					X	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
run	Name (Last name	first, if in	dividual)									
Bus	iness or	Residence	Address	(Number a	nd Street,	City, State	e, Zip Cod	le)		· · ·			
Nan	ne of As	sociated E	roker or I	Dealer									
State	ac in Wh	ich Perso	n Listed H	las Solicite	d or Inten	ds to Solic	rit Purchas	erc					
												□All St	ates
•	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Last name	first, if in	dividual)									
Bus	iness or	Residence	Address	(Number a	nd Street,	City, State	e, Zip Coc	le)					
Nan	ne of As	sociated E	Broker or I	Dealer			-						
Stat	es in Wi	ich Perso	n Listed H	las Solicite	d or Inter	ds to Solid	cit Purchas	sers				 	
(-							□All St	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (Last name first, if individual)													
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers								_					
(Check "All States" or check individual States)							[C A]						
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ <u>10,000,000</u>	\$ <u>2,400,005</u>
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		\$
	Other (Match Warrants in Subsidiary - Apollo Diamond Gemstone Corporation	\$	\$
	(that can be exercised at \$3.25 per share)	£ 10,000,000	£ 2,400,005
	Answer also in Appendix, Column 3, if filing under ULOE.	\$ 10,000,000	\$ <u>2,400,005</u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
	o it answer is notice of zero.	Number	Dollar Amount
		Investors	of Purchases
	Accredited Investors	3	\$ <u>2,400,005</u>
	Non-accredited Investors		\$ <u> </u>
	Total (for filings under Rule 504 only)		\$ <u> </u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	T . 6	TS 11
	Tuna of Offering	Type of Security	Dollar Amount Sold
	Type of Offering Rule 505		\$ -
	Regulation A		\$ -
	Rule 504		\$ -
	Total	-	\$ -
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	***************************************	□ \$
	Printing and Engraving Costs		⊠ \$ <u>10,000</u>
	Legal Fees		⊠ \$ 250,000
	Accounting Fees		□ \$
	Engineering Fees		□ \$
	Sales Commissions (specify finders' fees separately)		□ \$
	Other Expenses (identify) Filing and Other Fees; Traveling and Meeting Expense		⊠ \$ <u>50,000</u>
	Total		⊠ \$ 310,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSE	S AND USE OF PROCEEDS
 b. Enter the difference between the aggregate offering price given in response Part C - Question 1 and total expenses furnished in response to Part C - Question 1. 4.a. This difference is the "adjusted gross proceeds to the issuer." 5. Indicate below the amount of the adjusted gross proceeds to the issuer used. 	tion \$ <u>9,690,000</u> d or
proposed to be used for each of the purposes shown. If the amount for any purp is not known, furnish an estimate and check the box to the left of the estimate.	The
total of the payments listed must equal the adjusted gross proceeds to the issued forth in response to Part C - Question 4.b above.	r set
form in response to Part C - Question 4.0 above.	Payments to
	Officers,
	Directors & Payments to
Salaries and fees	Affiliates Others □ \$
Purchase of real estate	
Purchase, rental or leasing and installation of machinery and equipment	
Construction or leasing of plant buildings and facilities	
Acquisition of other businesses (including the value of securities involve	
this offering that may be used in exchange for the assets or securities of ano	
issuer pursuant to a merger)	🗆 \$
Repayment of indebtedness	
Working capital	
Other (specify):	🗆 \$
Column Totals	🗆 \$ 🗵 \$ 9,690,000
Total Payments Listed (column totals added)	
Total Laymonts Listed (column totals added)	<u>p 7,070,000</u>
D. FEDERAL SIGNATURE	
The issuer has duly caused this notice to be signed by the undersigned duly author 505, the following signature constitutes an undertaking by the issuer to furnish to the upon written request of its staff, the information furnished by the issuer to any non-a of Rule 502.	ne U.S. Securities and Exchange Commission,
Issuer (Print or Type) Signature	Date
Apollo Diamond, Inc.	Date 1-13 - 07
Name of Signer (Print or Type) Title of Signer (Print or Type)	
Edward S. Adams Secretary of Apollo Diamond, Inc.	
ATTENTION -	
Intentional misstatements or omissions of fact constitute federal criminal violati	ons. (See 18 U.S.C. 1001.)

END